

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE EASTERN DISTRICT OF VIRGINIA**

In re:

CH-11 CIRCUIT CITY STORES, INC

("the Debtors")

Chapter 11

Case No. 08-35653

Claim. No.:809

**NOTICE OF TRANSFER OF CLAIM PURSUANT TO F.R.B.P. RULE 3001 (E)(2) FOR FILED CREDITOR, HOLIDAY FOLIAGE, INC., IN THE AMOUNT OF \$131,289.28, TO VONWIN CAPITAL MANAGEMENT, LP**

**To Transferor:**

Holiday Foliage, Inc.  
kristine Vanzutphen, VP of Operations  
2592 Otay Center Dr.  
San Diego, CA 92154

PLEASE TAKE NOTICE that the transfer of \$131,289.28 of the above-captioned §503 (b) (9) claim has been transferred to:

**Transferee:**

VonWin Capital Management, LP  
Attn: Roger Von Spiegel, Managing Director  
261 Fifth Avenue, 22nd Floor  
New York, NY 10016

The evidence of transfer of claim is attached hereto. A copy of the claims agent website listing the claim and a copy of the Proof of claim is attached.

If your objection is not timely filed, the transferee will be substituted in your place as the claimant on our records in this proceeding.

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(FOR CLERK'S OFFICE USE ONLY):

This notice was mailed to the first named party, by first class mail, postage prepaid on \_\_\_\_\_, 2009.

INTERNAL CONTROL NO. \_\_\_\_\_

Copy: (check) Claims Agent \_\_\_\_ Transferee \_\_\_\_ Debtors's Attorney \_\_\_\_

\_\_\_\_\_  
Deputy Clerk

UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF VIRGINIA

In re:

CH-11 CIRCUIT CITY PURCHASING  
COMPANY, LLC

Debtor

Case No. 08-35657

Chapter 11

**NOTICE OF TRANSFER OF CLAIM  
PURSUANT TO RULE 3001(e)**

PLEASE TAKE NOTICE that any and all claims of Holiday Foliage, Inc. ("Assignor") that are scheduled by the Debtor(s) and or filed as an original or amended Proof of Claim and or filed as an original or amended §503(b)(9) Claim against the Debtor(s), including but not limited to the following:

<u>§503(b)(9) Claim Amount</u>	<u>Claim No.</u>
\$131,289.28	809

have been transferred and assigned to VonWin Capital Management, L.P. ("Assignee"). The signature of Assignor on this document is evidence of the transfer of the claims and all rights thereto.

Assignor hereby waives any notice or hearing requirements imposed by Rule 3001 of the Bankruptcy Rules, and stipulates that an order may be entered recognizing this Assignment as an unconditional assignment and the Assignee herein as the valid owner of the Claim. You are hereby requested to make all future payments and distributions, and to give all notices and other communications, in respect of the Claim to the Assignee.

ASSIGNEE: VonWin Capital Management, L.P.  
Address: 261 Fifth Avenue, 22<sup>nd</sup> Floor  
New York, NY 10016

Signature: **Roger Von Spiegel**  
Name: **Managing Director**  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

ASSIGNOR: Holiday Foliage Inc  
Address: 2592 Otay Center Dr.  
San Diego, CA 92154

Signature: *W. Van Zutphen*  
Name: *Kristine Van Zutphen*  
Title: *President*  
Date: *Aug. 27, 2009*

## Section 503(b)(9) Claim Request Form

Circuit City Stores, Inc., et al., Claims Processing c/o Kurtzman Carson Consultants LLC, 2335 Alaska Avenue, El Segundo, CA 90245		Circuit City Stores, Inc., et al. Case Nos. 08-35653 through 08-35670 Chapter 11 Jointly Administered	
<b>NOTE:</b> Pursuant to an Order of the Bankruptcy Court in the above-referenced chapter 11 cases (see Docket No. 107), to have claims allowed as administrative expense under 11 U.S.C. § 503(b)(9), this form must be served upon Circuit City Stores, Inc., et al., Claims Processing, c/o Kurtzman Carson Consultants LLC, 2335 Alaska Avenue, El Segundo, CA 90245 by <u>December 19, 2008</u> , the Bar Date for Section 503(b)(9) claims in the above-referenced cases. The form may be submitted in person or by regular mail, overnight mail, or hand delivery. Facsimile, email or electronic submissions will not be accepted. Requests shall be deemed filed when actually received by Kurtzman Carson Consultants LLC.			
Name and Address of Creditor: <i>(The person or other entity to whom the debtor owes money or property)</i> NameID: 4514139 (P2) PackID: 21690  <b>HOLIDAY FOLIAGE INC</b> <b>2592 OTAY CENTER DR</b> <b>SAN DIEGO, CA 92154</b>  Telephone: <u>(619) 661-9094</u> Fax: <u>(619) 661-8382</u>	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check box if you have made any demand(s) to reclaim goods sold to the debtor under 11 U.S.C. § 546(c). (attach copies of any such demand(s))  <input type="checkbox"/> Check box if you have transferred the rights of your claim to any third party. If so please list name of transferee:  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.	Debtor against which claim is asserted: (Check one box below):  <input type="checkbox"/> Circuit City Stores, Inc. (Tax I.D. No. 54-0493875) <input type="checkbox"/> Abbott Advertising, Inc. (Tax I.D. No. 54-1624659) <input type="checkbox"/> Circuit City Stores West Coast, Inc. (Tax I.D. No. 95-4460785) <input type="checkbox"/> CC Distribution Company of Virginia, Inc. (Tax I.D. No. 54-1712821) <input type="checkbox"/> Circuit City Properties, LLC (Tax I.D. No. 54-0793353) <input type="checkbox"/> Patapasco Designs, Inc. (Tax I.D. No. 52-1086796) <input type="checkbox"/> Ventoux International, Inc. (Tax I.D. No. 20-1071838) <input type="checkbox"/> Sky Venture Corporation (Tax I.D. No. 54-1760311) <input type="checkbox"/> Prahls, Inc. (n/a) <input type="checkbox"/> XS Stuff, LLC (Tax I.D. No. 54-2029263) <input type="checkbox"/> Kinzer Technology, LLC (Tax I.D. No. 54-2022157) <input checked="" type="checkbox"/> Circuit City Purchasing Company, LLC (Tax I.D. No. 20-0995170) <input type="checkbox"/> Orbyx Electronics, LLC (Tax I.D. No. 20-1203360) <input type="checkbox"/> InterTAN, Inc. (Tax I.D. No. 75-2130875) <input type="checkbox"/> CC Aviation, LLC (Tax I.D. No. 20-5290841) <input type="checkbox"/> Courchevel, LLC (n/a) <input type="checkbox"/> Circuit City Stores PR, LLC (Tax I.D. No. 66-0695512) <input type="checkbox"/> Mayland MN, LLC (Tax I.D. No. 20-0896116)	
Name and address where notices should be sent (if different from above)   Telephone: _____ Fax: _____			
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: <u>CI 232D</u>		Check here if this claim <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated: _____	
<b>1. BASIS FOR CLAIM:</b> Goods received by the Debtor within 20 days before the date of commencement of the case. Value of Goods: \$ <u>131,289.28</u>			
<b>2. DATE OF SHIPMENT:</b> <u>10/28/08</u> <b>METHOD OF SHIPMENT:</b> <u>Fedex Ground</u> <b>DATE OF RECEIPT:</b> <u>Various</u> <b>NAME OF CARRIER:</b> <u>Fedex Ground</u> <b>PLACE OF DELIVERY:</b> <u>All store locations</u>			
<b>3. TOTAL AMOUNT OF SECTION 503(b)(9) CLAIM:</b> \$ <u>131,289.28</u> <input type="checkbox"/> Check the box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.			
<b>4. BRIEF DESCRIPTION OF CLAIM:</b> <u>Goods Shipped</u> Describe goods sold: <u>Christmas Decor for in store displays</u> <span style="float: right;"><i>Attach support for your claim.</i></span>			
<b>5. CREDITS AND SETOFFS:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.  <b>6. SUPPORTING DOCUMENTS:</b> <u>Attach copies of supporting documents</u> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, or contracts. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. Attachments must be printed on 8-1/2" by 11" paper.  <b>7. DATE-STAMPED COPY:</b> To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this claim request form.  <b>8. ORDINARY COURSE CERTIFICATION:</b> By signing this claim request form, you are certifying that the goods for which payment is sought hereby, were sold to the debtor in the ordinary course of the debtor's business as required by 11 U.S.C. § 503(b)(9).  <i>Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.</i>			<b>FOR COURT USE ONLY</b>
Date <u>12/10/08</u>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) <u>Kristine Vanzutphen</u>		



### Creditor Data for Claim Number 809

<b>Creditor Name:</b> HOLIDAY FOLIAGE INC <b>Creditor Notice Name:</b>	<b>Date Claim Filed:</b> 12/11/2008 <b>KCC Claim #:</b> 809 <b>Amend/Replace?</b> No
<b>Debtor Name:</b> Circuit City Purchasing Company, LLC <b>Case Number:</b> 08-35657	
<b>Claim Nature:</b> Admin Priority <b>Amount of Claim:</b> \$131,289.28	<b>Creditor Info Altered?</b> N
<b>Schedule:</b> <b>Schedule Amt:</b>	